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PTO/SB/17 (08-00)
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FEETRANSMITTAL Appl							pplication Number				10/613,015			i	
						Filing Date				7 July 2003					
First							irst Named Inventor				Chul - Hee Lee				
							Exan	aminer Name				Gauthier, Gerald			
Grou						roup/Art Unit				2614					
					rney Docket No.				P56894						
		ME	THOD	OF PA	YMENT (check or	-	1	Ī				FEE CALC	FEE CALCULATION		
1.1	■ F		ent E	nclose	ed:	•		Fee Code	Fee (\$)	Fee Code			Fee Description		Fee Paid
			(CHEC	K #54285)				(4)						
■ Check □ Credit Card □ Money Order □ Other Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.						4004 #	\$810	2001	¢405	MISCELLA	NEOUS tinued examination	- (BCE)	\$		
						1801		2801	\$405	·		ii (RCE)			
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	Appl	licant	claims	small e	entity status. See	37 CFR	1.27	8021	\$40	2014	\$00	•	issignment per pro	operty	\$
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					over payments to		<i>3</i> -	6001/7001			\$375	Application for re	egistration, per cla	ss (paper)	\$
	Depo	sit A	ccount	Numbe	er:02-4943			6002/7002 \$100			\$100	Amendment to Allege Use, per class			\$
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			EX	TENSION	OF TIME FEES			6208/7	7208		\$200	§15 affidavit, per	r class		\$
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1401	510	2401	255	Notice of		\$		1452	\$510	2452	-	6 Petitions to revive unavoidably abandone		bly abandoned	\$
1402	510	2402	255	Filing a b	orief in support of an app	eal \$		1453	\$1540	2453	\$770	application Petitions to revive unintentionally abandoned sapplication		\$	
1403	1030	2403	515	Request	for oral hearing	\$					PA	TENT MAINTENA	ANCE		
				CL	AIMS			1551	\$930	2551	\$465	Due at 3.5 years	•		\$
201	210	2201	105	Independ	dent claims in excess of	3 \$	210.00	1552	\$2360	2552	\$1180	Due at 7.5 years	;		\$
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	=				SUBMITTED BY							Comi	plete (if appli	cable)	
Typed or Printed Name Report E. Bushnell, Es						sa	-		Res	g. Number		27,774			
Signature Name Rayert E. Bushnell, E						29 May	. 2000		Denosit Acco						

User ID

In re Application of:

CHUL-HEE LEE

Serial No.:

10/613,015

Examiner:

GAUTHIER, GERALD

Filed:

7/7/2003

Art Unit:

2614

For:

COMPOSITE VOICE SERVICE TERMINAL APPARATUS, AND METHOD FOR

USING THE SAME

RESPONSE TO NOTICE **REQUIRING EXCESS CLAIMS FEES**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to NOTICE REQUIRING EXCESS CLAIMS FEES (Paper No. 20080430-1) mailed on 27 May 2008, enclosed please find fee transmittal and check No. 54285 in the amount of \$210.00 incurred for one additional independent claim 17 in the Amendment filed on 30th of April 2008.

Respectfully submitted,

Robert E. Bushnell Attorney for Applicant

Reg. No.: 27,774

1522 K Street, N.W. Suite 300 Washington, D.C. 20005-1202 (202) 408-9040

05/39/2008 JADD01 00000126 10613015

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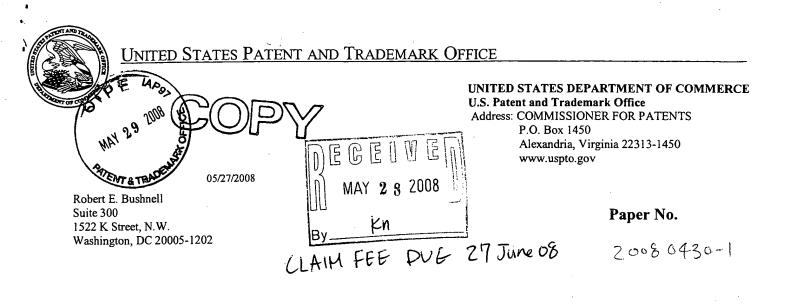
Folio: P56894 Date: May 29, 2008

REB/syk

Enclosure(s): copy of Notice Requiring Excess Claims Fees

Fee Transmittal

Check No. 54285 for \$210.00



Application No.:	10/613,015	Date Mailed:	05/27/2008
First Named Inventor:	Lee, Chul-Hee,	Examiner:	GAUTHIER, GERALD
Attorney Docket No.:	P56894	Art Unit:	2614
Confirmation No.:	6582	Filing Date:	07/07/2003

Please find attached an Office communication concerning this application or proceeding.

!			Application No.	Applicant(s)						
NOT	TICE REQUIRING EX		10/613,015	LEE, CHUL-HEE						
(3	OPYPEES (MAY 29 2008 E		Art Unit						
The excess claim(s) filed on 30 April, 2008 is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(j)).										
Since the application is not under a final rejection, applicant is given a time period of ONE (1) MONTH or THIRTY (30) DAYS from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$210.00, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.										
	The funds in Deposit Account No. are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.									
	2. The Credit Card payment to cover the entire fee due to Account (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.									
·	The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.									
	4. The fee submitted in this application is insufficient. A balance of \$ is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).									
	Other.									
Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):										
÷		-								
THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm										
Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)). Technical Support Staff (TSS): /BRENDA WEBB/ Phone Number: (571)272-4399										
Note to	TSS: Please do NOT use	this notice if the appl	ication is under a final rejection	I•						